



Ada County

707 N. Armstrong Pl.
Boise, ID 83704-0825
Tel. 327-7499

Boise County

707 N. Armstrong Pl.
Boise, ID 83704-0825
Tel. 327-7499

Elmore County

520 E. 8th St. North
Mountain Home, ID
83647 Tel. 587-9225

Valley County

703 N. 1st Street
P.O. Box 1448
McCall, ID 83638
Tel. 634-7194

Act.	EHS	Date	Travel Time / Insp. Time

FOR OFFICE USE ONLY	
Parcel I.D. #	
Fee	Receipt No.
Fee	Receipt No.
Fee	Receipt No.
<input type="checkbox"/> Will Call	<input type="checkbox"/> Mail Out <input type="checkbox"/> Hold Resample
<input type="checkbox"/> WELL ONLY	<input type="checkbox"/> WELL-SEPTIC <input type="checkbox"/> SEPTIC ONLY

APPLICATION

Applicant's Name	Applicant's Address	Street	City	Zip Code	App'l's Day Ph. #
------------------	---------------------	--------	------	----------	-------------------

Address of Property	Street	City	Zip Code	Legal Description of Property
---------------------	--------	------	----------	-------------------------------

Location: ☐ Inside City ☐ In County ☐ Within Impact Zone

<p>Well head is visible & accessible <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The well is on the property <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The house is currently occupied <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will dogs be restrained <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has sewage system failed, been replaced or repaired in the last 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The septic system is functioning properly <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The septic system has been pumped within the last 3 years <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when was it pumped _____</p> <p>Year home was built _____</p>	<p>PLOT PLAN FOR PROPERTY</p> <p>Please draw house, well, septic location and lot lines where applicable.</p> <p><i>* NOTE: The septic will be located in relationship to the well.</i></p>	<p>PARCEL # _____</p> <p>DIRECTIONS TO PROPERTY</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--	--

<p>I hereby authorize the health authority to have access to this property for the purpose of making a survey and certify that all the above information is accurate.</p> <p>Applicant/Agent's Signature _____ Date _____</p> <p>X</p>	<p>REFUND POLICY: Requests for refunds must be made within one year of date of payment. Refunds will be made for the amount of fee received less the cost of staff time spent on the application up to the date of request for refund. If the cost of staff time exceeds the amount of fee paid, no refund will be made.</p>
--	---

SURVEY RESULTS

1. Our survey indicates the water supply is:

☐ Public _____ ☐ Individual Well ☐ Community Well _____ ☐ Other _____

a. Well is located _____ feet from the _____ of the house foundation.

b. The well casing is _____ inches ☐ above ☐ below ☐ grade ☐ floor ☐ in pit ☐ buried well

c. Water sample collected on _____ and tested for Intestinal bacteria. Resample Date _____

d. Intestinal bacteria ☐ were ☐ were not found in the water sample.

e. ☐ Well head appears to be acceptable. ☐ Well head is not acceptable. _____

f. Field sample results for Nitrate _____ mg/l (EPA Maximum Contaminate Level (MCL) is 10 mg/l)

Sample Date: _____

g. Field sample results for Nitrite _____ mg/l (EPA Maximum Contaminate Level (MCL) is 1.0 mg/l)

Sample Date: _____

2. Our survey indicates the sewage system is:

☐ Public _____ ☐ Private Ind. ☐ Community _____ ☐ Other _____

a. Sewage disposal system permit issued by Health Authority on _____ and inspected/accepted on _____

b. Sewage disposal is _____ feet from the well and appears to be located on the _____ of the house.

c. Visual evidence of malfunction ☐ was ☐ was not present when surveyed on _____.

Comments or Special Instructions	(NOTE: This survey does not guarantee trouble-free operation of the sewage disposal or water system.)
<p>_____</p> <p>_____</p> <p>_____</p>	
EHS signature	Date